FOR INSTRUCTIONS. SEE BACK OF FORM

File with: Iowa Ethics and Campaign Disclosure Board

510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) **FORM** Cal Busch for City Council DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: 6 (Rev. 12/2009) REPORT (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political For Office Use Only Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (Comm. # ____ CANDIDATE COMMITTEES ONLY: Logged in Candidate Name Political Party (if applicable) Scanned Cal Busch Computer Office Sought City Council District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REPORT **TELEPHONE DATE SIGNED** I AM FILING A January 19, 2010 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # 1 (report date) Local Committees, enter Date of Election

☐CHECK IF AMENDMENT TO REPORT DATED ___ ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held LINN STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 0.00 of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) **SUB-TOTAL.....\$** SUBTRACT TOTAL MONEY SPENT THIS PERIOD 250.00 Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)........... Schedule F: Loan Repayments total (Attach Schedule F)..... 0.00CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 1,000.00 **OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES ✓ NO **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Cal Busch for City Council		CK THIS BOX IF ENDING FORM
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
2009	ID# CK#	Unitemized Contributions under \$25 each	,	\$250.00	INCOME
	ID#				
	CK#				
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			SUB-TOTAL	\$	
		TOTAL (if last page	of this schedule)	\$ 250.00	

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of 1 (for Schedule A)

SCHEDULE

MONETARY

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME	(Must be	same as on	Statement of	Organization
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Cal Busch for City Council

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2009	CK#	,	expenses	\$ 250.00
	ID#	Cal Busch, Candidate	Reimbursement for advertising	
EXPENDED MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	(Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDE
DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE	AMOUNT

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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COMMITTEE NAME (Must be same as on Statement of Organization) Cal Busch for City Council	SCHEDULE E (Rev. 06/97	IN-KIND
Res		K THIS BOX IF IDING FORM

DATE		RELATIONSHIP	0.0000000000000000000000000000000000000		
RECEIVED (MM/DD/YR)	NAME AND ADDRESS	TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISER
(WW/DD/TK)	OF CONTRIBUTOR	* (if applicable)	CONTRIBUTION	VALUE	CONTRIBUTION
2009	Cal Busch, Candidate	Self	Advertising	\$ 1,000.00	
į					
			SUB-TOTAL	\$	
			TOTAL (if last	\$	
			page of this	1,000.00	
			schedule)		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)